

EXHIBIT II

CERTIFICATE VERIFYING KEY PERSONS OF THE CONTRACTOR

The Contractor acknowledges that the following personnel are Key Persons of the Contractor in accordance with Section 8 of the Agreement:

(1) Name _____
(*Print or type Name above line*)

Title with Contractor _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

(2) Name _____
(*Print or type Name above line*)

Title with Contractor _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

(3) Name _____
(*Print or type Name above line*)

Title with Contractor _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

Print or Type Contractor Name Above Line

By: _____ Date _____
(Signature)

Name of Signatory for Contractor: _____
Print/Type Name of Signatory above Line

Its: _____

Federal Identification Number: _____

AGREEMENT TO USE AND RELEASE INFORMATION TO AUTHORITY

[Instructions to Contractor: Please have each Key Person sign the Agreement to Use and Release Information to Authority (“Release”). The Authority will approve a Key Person only if (a) the Key Person signs the Release and (b) the ICHAT review does not reveal any criminal records that the Authority, in its sole discretion, deems unacceptable. Please use one Release for each Key Person.]

I hereby agree to disclose my name, title, and Social Security Number, to the Michigan State Housing Development Authority (“Authority”) for the purpose of allowing the Authority to perform an Internet Criminal History Access Tool review. I understand that the Authority will use the ICHAT review to determine whether I can serve as a Key Person for the Contractor and perform Services as an employee or agent of the Contractor under the Housing Agent Agreement between the Contractor and the Authority. I understand that my Social Security Number will not be available to the public.

Name _____
(Print or type Name above line)

Name of Contractor _____

Title with Contractor _____

Social Security Number _____

Race _____

Sex _____

Date of Birth _____

Signature: _____